

OF HAZARDOUS WASTE ACTIVITY

(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act(RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER	+MAD982544546	il hi		
	MATRITECH INC 763 CONCORD AVE CAMBRIDGE		HA	02138
ISTALLATION ADDRESS	763 CONCORD AVE CAMBRIDGE		MA	02138

EPA Form 8700-12B (4-80)

IN

01/26/89

Al 1/19/89

YEAR

APPLICATION FOR EPA IDENTIFICATION NUMBER

NOTIFICATION OF HAZARDOUS WASTE ACTIVITY IN MASSACHUSETTS

FOR OFFICIAL USE ONLY

tion nur which v	r to participate in the hazardous waste manifest system, each generator, recycler, transporter and receiving facility must have a federal identifier, which is assigned by the Environmental Protection Agency (EPA). You should allow up to 6 months for the assignment of this will be mailed to you. For a temporary number, call Massachusetts Division of Hazardous Waste (1-800-343-3420).	nanou,
For assi	istance in completing this form, or to report any changes in your activity, call the Division's Compliance Assistance line (617-292-589	
١.	NAME OF NOTIFYING COMPANY Do not punctuate. Leave a blank box between initials, as in	0
	M A T R I TECH INC	
11.	MAILING ADDRESS Abbreviate Street or similar words. NUMBER STREET OR PO BOX	
	7 6 3 CONCORD AVE.	Ш
	CITY OR TOWN C A M B R I D G E M A 0 2 1 38 -	
111.	SITE OF HAZARDOUS WASTE ACTIVITY Every location which involves hazardous waste activity needs a sep	arate
	DI NUMBER STREET No 017 Middlesey Sag	
	763 CONCORDAYE.	
	CTIY OR TOWN	
	STANDARD INDUSTRIAL CLASSIFICATION A list of common SIC codes is attached, or consult indudustry for	act
IV.		
*	SIC CODE DESCRIPTION SIC CODE DESCRIPTION	
	7 3 9 1 Research Lab. Biology	
٧.	CONTACT PERSON To be telephoned regarding information on this form.	57.
0.505	NAME (LAST, FIRST) TITLE TELEPHONE	1000
	BURKE ROBERT FACLITIES MANAGER 661-6	6 6 0
VI.	OWNERSHIP Enter the name of the person or corporate entity which is the legal owner of the business, and the same	e ioi ine
۲.	property. Check NON-FEDERAL unless your corporation is owned or operated by the federal government. LEGAL OWNER OF BUSINESS	🗀
	MATRITECHINC NON-FEDER	IAL X
	LEGAL OWNER OF PROPERTY NON-FEDERAL NON-FEDERAL	RAL 🗔
		Consult
VII.	DESCRIPTION OF HAZARDOUS WASTES To complete this item you may need to have your waste analysed your industry fact sheet or the Massachusetts Hazardous Waste Regulations - 310 CMR 30.00 - obtained from the State your industry fact sheet or the Massachusetts Hazardous Waste Regulations - 310 CMR 30.00 - obtained from the State your industry fact sheet or the Massachusetts Hazardous Waste Regulations - 310 CMR 30.00 - obtained from the State your industry fact sheet or the Massachusetts Hazardous Waste Regulations - 310 CMR 30.00 - obtained from the State your industry fact sheet or the Massachusetts Hazardous Waste Regulations - 310 CMR 30.00 - obtained from the State your industry fact sheet or the Massachusetts Hazardous Waste Regulations - 310 CMR 30.00 - obtained from the State your industry fact sheet or the Massachusetts Hazardous Waste Regulations - 310 CMR 30.00 - obtained from the State your industry fact sheet or the Massachusetts Hazardous Waste Regulations - 310 CMR 30.00 - obtained from the State your industry fact sheet or the Massachusetts Hazardous Waste Regulations - 310 CMR 30.00 - obtained from the State your industry fact sheet or the Massachusetts Hazardous Waste Regulations - 310 CMR 30.00 - obtained from the State your part of the Massachusetts Hazardous Waste Regulations - 310 CMR 30.00 - obtained from the State your part of the State	Doon
•	D (C47/707 2024) Enter a 4-digit CODA for Bacil Of Voul Hazarous Wastes.	I sheet if
	necessary. Transporters are not required to complete this item except for wastes they generate	T.I.T
	MAO 1 F 0 0 3 F 0 0 5 U 0 0 2 U 0 0 7 U 0 3 1 U 2 1 1 U 0	1414

VIII. TYPE OF HAZARDOUS WASTE ACTIVITY Refer to Guide to Determining Status and Regulatory

Requirements, which is attached.

heck W	here applicable:
	GENERATOR CATEGORIES
vimur	n Monthly Volumes of Hazardous Waste (see 310 CMR 30.100)
KAIIIIUI	
	Large Quantity (2200 lbs/265 gals or more in a month)
	x Small Quantity (less than 2200 lbs/265 gals in a month)
	TO BE CICTURAS A VERY SMALL GENERATOR, CHECK HERE
YOU G	ENERATE LESS THAN 220 LBS/27 GALS A MONTH AND PLAN TO REGISTER AS A VERY SMALL GENERATOR, CHECK HERE
aximu	m Monthly Volumes of Waste Oil (Massachusetts regulated hazardous waste)
	Large Quantity (2200 lbs/265 gals or more in a month)
	Large Quantity (2200 lbs/265 gals of filed in a month) Small Quantity (less than 2200 lbs/265 gals in a month)
	Small Quantity (less than 2200 loa/200 galo in a many
VOII A	RE A SMALL QUANTITY WASTE OIL GENERATOR AND USE A LOG, OR A VERY SMALL GENERATOR OF WASTE OIL, CHECK HERE_X
100 A	READMAND QUILLER STATE OF THE S
7	EPA STATUS(refer to column 2 in the Guide to Determining Status)
,	
	Wastewater Treatment Unit (310 CMR 30.605)
	(check only if wastewater prior to treatment is a hazardous waste)
	(check only if wastewater prior to troumble
	OF PERMIT OFFICODIES
	LICENSE OR PERMIT CATEGORIES
	Transporter (310 CMR 30.400)
	Treatment, Storage, Disposal Facility (310 CMR 30.600)
	Recycler (310 CMR 30.200)
	WASTE FUEL ACTIVITY (310 CMR 30.244-256)
	WASTE FUEL ACTIVITY (310 CMA 30.244 256) Burn waste fuel (recycling permit required
	Blend or market waste fuel If either of above, specify:
	PLIDATING COMPLISTION DEVICE:
	TYPE OF WASTE FUEL SPACE HEATER
	HAZARDOUS WASTE FUEL: OFF-SPECIFICATION USED OIL FUEL DISTRIBLE BOILER TRUNCTERIAL BOILER
	(TABLE 310 CMR 30.216) SPECIFICATION USED OIL FUEL INDUSTRIAL FURNACE
9	SPECIFICATION OSED OF TOTAL

IX. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attached documents and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine

In addition, I understand that any material supplied with this application will not be considered confidential unless I have specifically requested that and Imprisonment. such material be kept confidential and the Department has made a determination of confidentiality in accordance with 310 CMR 3.00, Regulations Gov-

eming Access to and Confidentiality of Department Records and Files under the Hazardous Waste Management Act. NAME & OFFICIAL TITLE (TYPE OR PRINT)

DATE SIGNED

RETURN TO:

NOTIFICATIONS EPA - Waste Management Division MA Waste Management Branch HRR-CAUS John F. Kennedy Federal Building Boston, MA 02203

VII. DESCRIPTION OF HAZARDOUS WASTES - Cont'd.
U103, U117, U122, U123, U140, U154, U010, U044